

**UTILITY PATENT APPLICATION TRANSMITTAL***(for new applications under 37 C.F.R. § 1.53(b))*

Customer Number: 000201  
Attorney Docket Number: J6886(C)  
Applicant: Joanna Hong Zhang; Michael Charles Cheney  
For: STABILIZATION WITH SUBSTITUTED UREAS AGAINST  
COLOR DEGRADATION OF PERSONAL CARE PRODUCTS  
Express Mail Label No.: ER 761 555 952 US  
Date Deposited: April 21, 2004  
UNUS #: 04-0007-CP/TR  
Assignee: Unilever Home & Personal Care USA, Division of Conopco, Inc.

To: Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

17510 U.S. PTO

10/828906



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**APPLICATION ELEMENTS**

1. ☒ Fee Calculation (Box 13) and Authorization (Triplicate copies of this form are enclosed)
2. ☒ Specification and Claims (31) Total Pages
3. ☐ Formal or Informal Drawings ( ) Total Sheets
4. ☒ Executed Declaration
5. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper copy (identical to computer copy)
  - c. ☐ Statement verifying identify of above copies.

**ACCOMPANYING APPLICATION PARTS**

6. ☒ Information Disclosure Statement (IDS)/PTO-1449
7. ☒ Copies of IDS citations
8. ☐ Preliminary Amendment
9. ☒ Two (2) Return Receipt Postcards
10. ☐ Certified Copy of Priority Document
11. ☐ The benefit under 35 U.S.C. § 119 is claimed of the filing of:
12. ☐ Other:
13. ☒ The FILING FEE (including any claims introduced or cancelled by Preliminary Amendment) is calculated below:

| CLAIMS                 |              |           |              |            |                        |
|------------------------|--------------|-----------|--------------|------------|------------------------|
| FOR                    | NUMBER FILED |           | NUMBER EXTRA | RATE       | BASIC FEE<br>\$ 770.00 |
| Total Claims           | 10 - 20      |           |              | X \$ 18.00 |                        |
| Independent Claims     | 2 - 3        |           |              | X \$ 86.00 |                        |
| Multiple Claims        | <u>Yes</u>   | <u>No</u> |              | X \$290.00 |                        |
|                        |              | X         |              |            |                        |
| TOTAL FILING FEE . . . |              |           |              |            | \$770.00               |

14. ☒ Charge \$ 770.00 to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
15. ☒ The Commissioner is hereby authorized to charge any additional fees, which may be required, including all required fees under
  - ☒ 37 C.F.R. § 1.16;
  - ☒ 37 C.F.R. § 1.17;
  - ☒ 37 C.F.R. § 1.18.
16. ☒ Correspondence Address:  
Customer Number: 000201

Respectfully submitted,

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Revised 04/04/2000